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The Effect of Certainty on the Relationship between Body Image and Behavior

A Senior Honors Thesis

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by

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Abstract

When people hold attitudes with a high degree of certainty they are more likely to follow through with related behaviors than when they are uncertain about their attitudes (Fazio & Zanna, 1978). This relationship should also hold for other types of beliefs, such as objectified body consciousness (OBC), which includes body surveillance, internalization of beliefs about the body, and beliefs about body control (McKinley & Hyde, 1996). That is, OBC should be more predictive of body esteem, or feelings about the body, and behaviors related to disordered eating and excessive exercise when people hold their beliefs about their body with certainty than with uncertainty. To examine this issue, participants were primed with certainty or uncertainty and asked to complete questionnaires about the body. We replicated the finding that high OBC predicts negative body esteem and an increased likelihood of engaging in related behaviors. The effect of certainty on these relationships was not significant, however. Instead, there was a main effect of manipulated certainty on body esteem.

The Effect of Certainty on the Relationship between Body Image and Behavior

People continuously take in new information from their surrounding environment. They strive to organize this knowledge in order to gain a better understanding of the world and themselves. The self-concept, which is made up of mental representations of diverse self knowledge, aids people in this interpretation process. For example, people search for information that agrees with their attitudes about themselves (DeMarree, Petty, Briñol, 2007). When people internalize information that does not agree with their self-concept, they experience an inconsistency called cognitive dissonance (Steele & Liu, 1983). This inconsistency is seen as a threat and therefore, people feel the need to reduce this dissonance.

In addition, people possess the ability to think about their attitudes as well as their thoughts and thought processes in general, through a process known as metacognition (Rucker & Petty, 2004). Metacognitive processes are important because they can contribute not only to the attitudes that people form (e.g., Petty, Briñol, & Tormala, 2002) but also to the strength of people's attitudes (Rucker & Petty, 2004), where strength refers to an attitude's persistence, resistance to persuasive messages, and impact on judgment and behavior (Krosnick & Petty, 1995).

One of the most commonly examined meta-cognitions is the certainty with which beliefs or attitudes are held. Certainty refers to the extent to which people believe that their thoughts and attitudes are correct and valid (Gross, Holz, & Miller, 1995; see Petty, Briñol, Tormala, & Wegener, 2007, for a review). For example, two people might have the same positive beliefs about a political candidate, but one person might have more confidence in those beliefs than another. This is important because the person who holds the positive beliefs with greater certainty is more likely to use those beliefs and form a positive attitude toward the candidate than

a person who is uncertainty of the validity of the beliefs (Petty et al., 2002). Similarly, two individuals might have equivalent evaluation of a political candidate (e.g., moderately positive), but one person might be more certain in the evaluation of the candidate than another person. Those who are more certain should be more likely to vote for that candidate than those who are less certain (see DeMarree, Petty & Briñol, 2007; Petrocelli, Tormala, & Rucker, 2007; Rucker & Petty, 2004).

Importantly, just as people form attitudes and degrees of certainty for those attitudes about objects such as political candidates, people also evaluate aspects of themselves. Previous research has demonstrated there is a greater relationship between attitude-certainty and behavior as well as trait-certainty and behavior when people are self-focused (Sherman & Fazio, 1983). Baumgardner (1990) states that a person's self-concept is composed of different traits which vary in the certainty with which they are held. For example, one could be certain that she is a fun person who enjoys going to parties, but uncertain that she is a conscientious student. The more that people are certain about their own traits, the more they should act on them. Thus, one who is certain that she is outgoing and fun should be more likely to behave in ways that validate her views, like going to parties. On the other hand, her self-views about her conscientiousness, if held with low certainty, should be less predictive of conscientiousness-related behavior, such as keeping up with her studies and going to class.

One particular judgment that is salient to many people, especially women, is body image. Body image describes the mental representation, attitude, and feelings people develop about their physical appearance (Garner, Garfinkel, Stancer, & Moldofsky, 1976). Body image encompasses what McKinley and Hyde (1996) termed objectified body consciousness (OBC). OBC includes body surveillance, internalization of body standards, and beliefs about appearance

control. Body surveillance, otherwise known as self-objectification, occurs when people look at themselves from an outsider's perspective in order to evaluate how their body looks instead of paying attention to how their body feels (Fredrickson & Roberts, 1997). For example, a young woman may examine herself in the mirror before leaving home and wonder how others will respond to her outfit instead of thinking about how her clothes make her feel. Internalization of body standards represents the internalization of cultural beliefs about how one's body should look. It also refers to how one strives to achieve societal standards, although they are almost always impossible to attain (McKinley & Hyde, 1996). Lastly, beliefs about appearance control reflect the idea that people have the ability to change their bodies if they truly desire in order to adhere to societal standards (McKinley & Hyde, 1996).

Body surveillance, can result in many negative feelings, including shame (McKinley & Hyde, 1996). Psychologists identify shame as a feeling experienced when people fail to live up to cultural standards that are important to how they define themselves (Roberts and Gettman, 2004). When women do not feel that they possess the ideal body, they feel the effects of shame, which include worthlessness, powerlessness, the need to hide or disappear, and a desire to break away from people's gaze (Roberts and Gettman, 2004). Body shame also leads to attempts to change physical appearance by dieting, exercising, wearing make-up, and adhering to fashion (Fredrickson & Roberts, 1997). Additionally, self-objectification may lead women to feel disgusted with their bodies because they believe they have not lived up to the social standards of being thin and attractive (Roberts & Gettman, 2004).

Another aspect of body image is body esteem, which refers to how one feels about his or her body. Objectified body consciousness, specifically body surveillance is negatively correlated with body esteem. That is, the more women objectify their bodies, the lower their body esteem

is (McKinley & Hyde, 1996). People engage in social comparison to help them evaluate or develop an attitude about their bodies (Kraye, Ingledew, & Iphofen, 2008). Whereas the standards for women include thinness, the male ideal centers around muscularity (Frederick, Forbes, Grigorian, & Jarcho, 2007; Martins, Tiggemann, & Kirkbride, 2007; Giles & Close, 2008), but exposure to unattainable ideals is deleterious for both genders. For example, after watching as little as ten minutes of attractive models in music videos, adolescent girls showed a significant drop in body satisfaction (Bell, Lawton, & Dittmar, 2007). Similarly, Giles and Close (2008) found that exposure to men's lifestyle magazines and internalization of cultural ideals mediates the drive for muscularity among men.

Even with differences in what the ideal shape is for each gender, both genders appear to be equally motivated to attain them. For example, one study (Strelan & Hargreaves, 2005) explored the reasons men and women exercise, including appearance enhancement, consisted of weight control, attractiveness, body tone, health/fitness factors, and mood/enjoyment factors. The investigators discovered that men and women did not show a difference in the importance they placed on exercising for appearance enhancement. In addition, a strong negative correlation between self-objectification with body esteem and self-esteem existed among both men and women.

As previously discussed, OBC is based on evaluative beliefs about one's body. Therefore it can be thought of as a self-evaluation that is similar to an attitude people have about themselves. In the current study, I predicted that when people experience certainty, their attitudes regarding their body image will become stronger and increase their intentions to engage in related behaviors. In line with previous research, we also hypothesize that high OBC will be

associated with low body esteem, but that this relationship will be stronger among those who are certain rather than uncertain.

This study will provide knowledge applicable in the study of social psychology as well as clinical psychology. Considering social psychology, I expect to replicate previous findings regarding the relationship between attitude certainty and behavior. I also expected to find evidence for this relationship between OBC, which is closely related to attitudes, and the related behaviors mentioned. This has not been done before and would therefore, provide interesting, new information to the field. In regard to clinical psychology, I would like to gain insight into the nature of eating disorders. This study might also engender new ideas in the treatment of eating disorders and negative body image.

In order to test my primary hypothesis, I primed undergraduate students with either certainty or uncertainty and then administered an objectified body consciousness questionnaire. Following this, I asked participants to complete a body esteem questionnaire and a behavioral intentions questionnaire. As noted above, I expected to replicate the finding that self-objectification is negatively correlated with the body esteem questionnaire and positively correlated with behavioral intentions relating to shame and disordered eating. More importantly, however, I hypothesized that the correlation between the self-objectification questionnaire and the two other questionnaires (body self esteem and behavioral intentions) would be stronger when participants were primed with certainty than when they were primed with uncertainty. This is because when people are primed with certainty, they should be more confident in their beliefs regarding body objectification. These beliefs result in a greater impact on body self esteem and relevant behavioral intentions. That is, certainty should magnify and uncertainty should attenuate the normal relationship between body objectification and the other constructs.

Method

Participants

I recruited 135 undergraduate students from the REP Psychology 100 pool. The REP allows experimenters to post sessions online and student participants to sign up for the experiments they would like to attend. In exchange for their participation, students received credit toward the completion of their psychology class. The only requirement was that students be at least 18 years old. Students were randomly assigned to one of the two conditions, certainty or uncertainty.

Procedure

Participants completed the experiment at individual computer stations in groups of up to ten. They were told that the study involved answering various personality questionnaires regarding body image and answering questions about their previous life experiences. The experiment was administered using the software, Media Lab. First, participants were primed with certainty or uncertainty. Following this prime, we asked participants to complete the 24 item Objectified Body Consciousness Scales (OBCS) (McKinley & Hyde, 1996). Then, participants rated their certainty towards the OBCS and completed measures of body esteem (Franzoi & Shields, 1984) and behavioral intentions. Finally, participants were thanked for their participation, debriefed, and dismissed.

Manipulated Variable: Certainty/Uncertainty

Participants were primed with uncertainty or certainty by answering the statement: “Think of a time in which you were uncertain/certain.” Prior research has established that this manipulation affects the certainty of thoughts that are in close temporal proximity to the manipulation. Specifically, people who think of a time in which they are certain hold mental

contents with greater certainty than people who think about uncertainty (Petty, Brinol, & Tormala, 2002). Petty et. al (2002) asked their participants to describe previous experiences that engendered thoughts of confidence or doubt. Although similar to the prime used in this study, they told participants: “Think of a time in which you were uncertain (certain) of your thoughts.” This prime was used to influence certainty about thoughts to a persuasive message, whereas the current prime was used to manipulate certainty in regard to a personality questionnaire. Participants were provided with five blank boxes to tell about their experiences within a five minute period. For the current experiment, participants were provided one box and did not have a limited time period in which to complete their description. The logic of this manipulation is that people would misattribute any certainty stemming from the prime to their responses to the next questionnaire. This is analogous to research in which people misattribute their emotions from one source to another (e.g., Schwarz & Clore, 1996).

Measured Variables

Objectified Body Consciousness Scale. This scale included 24 items that measure body surveillance ($\alpha=.89$), body shame ($\alpha=.75$), and body control beliefs ($\alpha=.72$) (McKinley & Hyde, 1996). Participants answered questions on a scale ranging from 1 (strongly disagree) to 7 (strongly agree). For example, participants were asked to answer body surveillance questions such as: “I rarely compare how I look with how other people look,” body shame questions, such as “I would be ashamed for people to know what I really weigh,” and body control questions, such as “I really don’t think I have much control over how my body looks.” These items were combined to form an overall measure of objectification ($\alpha=.75$). This measure and all other measures are included in the Appendix.

Personality certainty. Certainty in the OBCS was measured using three questions. Participants were first asked “How confident or unconfident are you in your answers to the personality questionnaire?” Answers were completed on a scale ranging from 1 (extremely unconfident) to 5 (extremely confident). Next, participants answered “How certain or uncertain are you that your answers to the personality questionnaire” using a scale ranging from 1 (extremely certain) to 5 (extremely uncertain). Lastly they were asked “How confident or unconfident are you that your answers to the personality questionnaire actually describe you?” Answers were completed on a scale ranging from 1 (extremely unconfident) to 5 (extremely confident). These items were combined to form an overall measure of personality certainty ($\alpha = .73$).

Body esteem. The Body Esteem Scale (Franzoi & Shields, 1984) encompasses 35 body parts that participants rate on a five-item scale from, strong negative feelings to strong positive feelings. The body parts have been separated into three subscales based on different factors. The first factor, Sexual Attractiveness, refers to body parts that can only be changed by cosmetics and refers to the fact that women evaluate their attractiveness by rating their sexuality ($\alpha = .78$). Second, the Weight Control subscale includes body parts that women use to evaluate their appearance and that can be changed by exercise or food intake ($\alpha = .87$). Lastly, the Physical Condition subscale of body esteem includes stamina, strength, and agility ($\alpha = .82$).

The subscales differ slightly for men. First, the Physical Attractiveness Subscale refers to items that determine a man to be a “good looking guy,” including facial features and physique ($\alpha = .81$). Second, the Upper Body Strength subscale describes items that can be changed through exercise ($\alpha = .85$). Men desire these items to be larger (more muscular), unlike women who desire these items to be thinner. The third subscale, Physical Condition, is the same for men and

women ($\alpha=.86$). However, unlike women, items such as waist and stomach were included in this scale for men. Men care less about how these body parts look and more about how they help them physically. Our version of this scale included fourteen items. These items were reasonably intercorrelated and combined to form a measure of overall body esteem ($\alpha= .89$).

Behavioral intentions. We measured behavioral intentions using a scale comprised of 20 behavioral items, including modified items from the Behaviors questionnaire (Cooper et. al, 2006), which is used to measure behavioral symptoms of those with eating disorders. Intentions were measured on a seven-point scale ranging from 1 (extremely likely/willing) to 7 (extremely unlikely/unwilling). For instance, participants answered: “If you ate a big piece of chocolate cake earlier today, how likely are you to go to the gym later.” These items were reasonably intercorrelated and combined to form a measure of overall behavioral intentions ($\alpha = .86$).

Results

Manipulation Check

Using analysis of variance, I performed a manipulation check to assess the effectiveness of the certainty prime on participants’ certainty in the OBCS. Contrary to expectations, the effect of the prime on certainty was not significant. Those who were assigned to report a time in which they were certain reported being no more certain ($M = 4.02$, $SD = .58$) than those who were assigned to report a time in which they were uncertain ($M = 4.0$, $SD = .464$, $F(1,133) = .01$, $p = .78$). Although, this manipulation failed, I decided to complete the following analyses. Sometimes certainty can still moderate effects, even though the manipulation failed to have an impact on the manipulation check.

Body Esteem

In order to determine the relationships between certainty, the OBCS, and body esteem, I computed regression analyses in which the impact of the OBCS, manipulated certainty, and their interaction on body esteem was examined. There was a main effect of OBCS on BES, in which those who reported higher scores on the OBCS, reported lower scores on the BES ($B = -.336$, $t(2,132) = -4.61$, $p < .001$). As expected, those who objectified their own bodies had lower body esteem. In addition, certainty had a main effect on body esteem such that those in the certainty condition reported higher esteem than those in the uncertainty condition ($B = .25$, $t(131) = 2.5$, $p = .01$). Contrary to predictions, however, there was no interaction of certainty and the OBCS on the BES ($B = .03$, $t(131) = .22$, $p = .83$).

Behavioral Intentions

In order to determine the relationships between certainty, the OBCS, and behavioral intentions, I computed regression analyses in which the impact of the OBCS, manipulated certainty, and their interaction on behavioral intentions was examined. A main effect of the OBCS on the behavioral intentions questionnaire was obtained such that participants who scored high on the OBCS were more inclined to engage in activities relevant to disordered eating and exercise ($B = .83$, $t(2,132) = 8.90$, $p < .001$). Certainty did not significantly moderate the relationship between the OBCS and behavioral intentions questionnaire ($B = .15$, $t(131) = .87$, $p = .39$). In addition, there was no main effect of certainty on behavioral intentions ($B = .04$, $t(131) = .321$, $p = .75$).

Discussion

I hypothesized that the OBCS would be more predictive of body esteem and related behavioral intentions when people were placed in a condition of certainty rather than uncertainty.

However, the statistical analyses showed that manipulated certainty did not moderate the relationship between OBC and the dependent variables— body esteem and behavioral intentions. There was a main effect of manipulated certainty on body esteem, but no main effect of certainty on behavioral intentions. Yet, our results supported previous findings that OBC predicts body esteem and related behavioral intentions. This indicates that these constructs were measured appropriately.

The most likely reason that manipulated certainty failed to interact with the OBCS to affect body esteem and behavioral intentions is that the manipulation of certainty failed to affect subjective perceptions of certainty (i.e., the manipulation check). In other words, the certainty/uncertainty prime failed to introduce thoughts of certainty or uncertainty to the participants and did not cause participants to feel more certain ($M = 4.02$, $SD = .58$) or uncertain ($M = 4.0$, $SD = .464$) in regard to the OBCS.

There are several possible reasons for this failed manipulation. Because the prime was administered just one time before participants completed the somewhat lengthy OBCS, it is possible that the prime did not extend throughout the entire questionnaire. That is, participants may have experienced higher certainty for the first few questions of the OBCS, but the prime could have worn off as they continued to answer the remaining questions. Therefore, it would be useful to administer the OBCS and reintroduce the certainty/uncertainty prime throughout. That is, instead of solely priming participants before they complete the OBCS, we could prime them again after every few questions or at least at the end of the OBCS. Thus, their thoughts of certainty would be more salient.

Furthermore, the certainty manipulation differed slightly from the prime used in Petty et al. (2002). This study asked participants to “think of a time in which you were certain of your

thoughts,” whereas we used the statement, “Think of a time in which you were certain.”

Although, the two statements are nearly identical, the slight difference between them could have affected the success of our manipulation. It may be useful to use the latter prime in future studies. Another factor might have been that in the current research the certainty manipulation preceded the thoughts about which I wanted to manipulate certainty whereas in the Petty et al. (2002) research, the certainty manipulation followed the thoughts generated. It might be that people are more likely to feel certain in their thoughts if the feeling of certainty follows thought generation rather than if it precedes it (see Petty, Briñol, Tormala, & Wegener, 2007, for a review).

However, previous research has shown that manipulated certainty can sometimes moderates effects, even when the manipulation fails to impact the manipulation check. Therefore, I examined whether this was the case in this experiment as well, but there was no effect. One possible reason for this is that the participants in this particular study reported being neither certain nor uncertain overall in their body objectification. This may be related to people’s awareness of their self-schemas, or ways they think about themselves. People may use these self-schemas to help guide their behavior. Thus, it is possible that participants did not possess a self-schema about OBC. It is probably difficult to feel certain or uncertain about something that one has never considered previously. Therefore, the certainty manipulation would not have had any affect.

Although certainty failed to moderate the relationships between the OBCS and the other questionnaires administered, we were able to confirm previous relationships between the OBCS and the dependent variables, the BES and behavioral intentions. Those who reported greater objectified body consciousness also reported having more negative body esteem. Likewise,

those with greater objectified body consciousness were also more likely to report being more likely to engage in behaviors that reflect disordered eating and exercise habits. Interestingly, there was a main effect of certainty on body esteem, but not with the behavioral intentions.

The behavioral intentions questionnaire was developed specifically for this experiment based on previous work by Cooper et al. (2006). Given the high reliability of this measure and high correlation with the OBCS, it could possibly be used to predict sub-clinical levels of body image and eating disturbances. Many cases of childhood and adolescent sub-syndrome eating disorders are not recognized as clinically significant (le Grange & Loeb, 2007). Because these children and adolescents most likely do not receive treatment for their problems, they are likely to develop a full eating disorder according to diagnostic standards. As le Grange and Loeb (2007) acknowledge, eating disorders, especially anorexia nervosa, are extremely hard to treat. Therefore, it would be beneficial to detect any symptoms as early as possible to provide the appropriate assistance in order to prevent the onset of an eating disorder.

Future Directions

To follow up on the current study, future work should examine alternative ways of manipulating certainty as the literature has shown that there are numerous ways to do so. For instance, it may be helpful to use a power manipulation as a certainty induction to test the current hypothesis. Brinol, Petty, Valle, Rucker, & Bacerra (2007) define power as the ability to control others by punishing and reinforcing their behavior. When power is boosted, people feel more confident, or certain, about following through with an action in which they plan to take part (Brinol et. al, 2007). Therefore, by making someone think they have more power, they will be more certain about their thoughts and actions at that time. For instance, power could be manipulated by assigning participants to one of two conditions, the high-power boss or the

lower-power employee as in Brinol et. al (2007) and ask them to engage in a role play exercise. Likewise, simply asking participants to think about a time that they felt power over someone else or they felt that someone else had power over them also affects certainty and the likelihood of engaging in a desirable behavior (Galinsky, Gruenfeld, & Magee, 2003). Therefore, by using a manipulation similar to those previously described, one might improve the ability to effectively manipulate certainty. The manipulation should instill thoughts of certainty in those who receive the certainty induction and thoughts of uncertainty in those who receive the uncertainty treatment. These thoughts should cause participants to feel more certain/uncertain toward how they feel about their bodies.

In addition, addressing the certainty of people's attitudes may lead to new techniques for treating body image and eating disturbances. For instance, as discussed by Clarkson, Tormala, and Rucker (2008), certainty may play a positive role when people have ambivalent attitudes toward risky behavior, such as smoking. Specifically, increasing attitude certainty before receiving a positive message (e.g. anti-smoking message) can cause people to change their attitude to reflect the message. This idea could possibly help people change their attitude in regard to body image. For example, people could be made to feel more certain about their ambivalent attitudes toward images of abnormally thin models. When people are ambivalent they tend to process persuasive messages more carefully. If people are certain in their ambivalence this should lead to even more processing than if they are uncertain in their ambivalence. Subsequently, they could receive a message explaining that these images are airbrushed and it is nearly impossible to obtain that type of body. In accordance with Clarkson, Tormala, and Rucker (2008), people's attitudes should now agree with the message given to

them because of greater message processing. However, this is merely speculation and it would be useful to explore this idea further.

Conclusion

Previous research has demonstrated that when people are more certain about a particular attitude, they will be more likely to engage in behaviors related to this attitude. I hypothesized that objectified body consciousness would be more predictable of body esteem and related behaviors when people hold their beliefs about their body with certainty. However, I did not find certainty to be a significant moderator most likely because the manipulation of certainty failed to affect perceptions of certainty. Yet, I succeeded in replicating previous relationships between OBC and the dependent variables. It would be useful to continue this research using alternative manipulations of certainty.

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Appendix

Personality Measure: Objectification Body Consciousness Scales

Answer the following questions using a 7-point scale ranging from strongly disagree to strongly agree.

Surveillance Scale

1. I rarely think about how I look.
2. I think it is more important that my clothes are comfortable than whether they look good on me.
3. I think more about how my body feels than how my body looks.
4. I rarely compare how I look with how other people look.
5. During the day, I think about how I look many times.
6. I often worry about whether the clothes I am wearing make me look good.
7. I rarely worry about how I look to other people.
8. I am more concerned with what my body can do than how it looks.

Body Shame Scale

9. When I can't control my weight, I feel like something must be wrong with me.
10. I feel ashamed of my-self when I haven't made the effort to look my best.
11. I feel like I must be a bad person when I don't look as good as I could.
12. I would be ashamed for people to know what I really weigh.
13. I never worry that something is wrong with me when I am not exercising as much as I should.
14. When I'm not exercising enough, I question whether I am a good enough person.
15. Even when I can't control my weight, I think I'm an okay person.
16. When I'm not the size I think I should be, I feel ashamed.

Control Scale

- 17. I think a person is pretty much stuck with the looks they are born with.
- 18. A large part of being in shape is having that kind of body in the first place.
- 19. I think a person can look pretty much how they want to if they are willing to work at it.
- 20. I really don't think I have much control over how my body looks.
- 21. I think a person's weight is mostly deter-mined by the genes they are born with.
- 22. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same.
- 23. I can weigh what I'm supposed to when I try hard enough.
- 24. The shape you are in depends mostly on your genes.

Certainty questions

How unconfident or confident are you in your answers to the personality questionnaire?

- extremely unconfident
- unconfident
- neither unconfident nor confident
- confident
- extremely confident

How uncertain or certain are you that your answers to the personality questionnaire are correct?

- extremely uncertain
- uncertain
- neither uncertain nor certain
- certain
- extremely certain

How unconfident or confident are you that your answers to the personality questionnaire actually describe you?

- extremely unconfident
- unconfident
- neither unconfident nor confident
- confident
- extremely confident

Dependent Measures

Body Esteem Scale

Participants will rate each item on a 5-point scale running from *strong negative feelings* to *strong positive feelings*.

1. appetite
2. physical stamina
3. energy level
4. muscular strength
5. body shape
6. physical coordination
7. buttocks
8. upper body
9. hips
10. legs
11. arms
12. midsection
13. health
14. weight

Behavior/Behavioral Intentions

1. How likely or unlikely is it that you will weigh yourself today?

Extremely unlikely
 Unlikely
 Slightly unlikely
 Neither unlikely or likely
 Slightly likely
 Likely
 Extremely likely

2. How likely or unlikely is it that you will look at your body in the mirror today?

Extremely unlikely
 Unlikely
 Slightly unlikely
 Neither unlikely or likely
 Slightly likely
 Likely
 Extremely likely

3. How likely or unlikely is it that you will avoid drawing attention to your weight and shape while sitting in class tomorrow?

Extremely unlikely
 Unlikely

Slightly unlikely
Neither unlikely or likely
Slightly likely
Likely
Extremely likely

4. How likely or unlikely would you be to diet in order to lose weight if you noticed you gained a few pounds?

Extremely unlikely
Unlikely
Slightly unlikely
Neither unlikely or likely
Slightly likely
Likely
Extremely likely

5. You ate a McDonald's hamburger and French fries for lunch today. How likely or unlikely are you to count the amount of calories you eat for the rest of today?

Extremely unlikely
Unlikely
Slightly unlikely
Neither unlikely or likely
Slightly likely
Likely
Extremely likely

6. How likely or unlikely is it that you will look at nutrition labels before you decide to eat for dinner tonight?

Extremely unlikely
Unlikely
Slightly unlikely
Neither unlikely or likely
Slightly likely
Likely
Extremely likely

7. How likely or unlikely is it that you will avoid wearing tight fitting clothes the next time you go out?

Extremely unlikely
Unlikely
Slightly unlikely
Neither unlikely or likely
Slightly likely
Likely
Extremely likely

8. How likely or unlikely is it that you will avoid looking at your body the next time you take a bath or shower?

Extremely unlikely
Unlikely
Slightly unlikely
Neither unlikely or likely
Slightly likely
Likely
Extremely likely

9. How likely or unlikely will you be to wear baggy clothes that hide your shape from others to class if you woke up feeling “fat” in the morning?

Extremely unlikely
Unlikely
Slightly unlikely
Neither unlikely or likely
Slightly likely
Likely
Extremely likely

10. You skipped your workout today; how likely or unlikely are you to make rules about what you should or shouldn't eat for the rest of today?

Extremely unlikely
Unlikely
Slightly unlikely
Neither unlikely or likely
Slightly likely
Likely
Extremely likely

11. How likely or unlikely is it that you will worry about your appearance tomorrow?

Extremely unlikely
Unlikely
Slightly unlikely
Neither unlikely or likely
Slightly likely
Likely
Extremely likely

12. How likely or unlikely is it that you will worry about how you will look to men/women at the next party you attend?

Extremely unlikely
Unlikely
Slightly unlikely
Neither unlikely or likely
Slightly likely

Likely
Extremely likely

13. How willing or unwilling are to volunteer to report your weight to the experimenter?

Extremely unwilling
Unwilling
Slightly unwilling
Neither unwilling or willing
Slightly willing
Willing
Extremely willing

14. If you ate a big piece of chocolate cake earlier today, how likely or unlikely are you to go to the gym later?

Extremely unlikely
Unlikely
Slightly unlikely
Neither unlikely or likely
Slightly likely
Likely
Extremely likely

15. If you wake up tomorrow not feeling very well, how willing or unwilling would you be to spend time trying to look your best?

Extremely unwilling
Unwilling
Slightly unwilling
Neither unwilling or willing
Slightly willing
Willing
Extremely willing

16. How willing or unwilling do you think you will be to diet and exercise in order to lose weight when you are 40 years old?

Extremely unwilling
Unwilling
Slightly unwilling
Neither unwilling or willing
Slightly willing
Willing
Extremely willing

17. How willing or unwilling would you be to buy clothes that look good on you, even if they are uncomfortable?

Extremely unwilling
Unwilling

Slightly unwilling
Neither unwilling or willing
Slightly willing
Willing
Extremely willing

18. How willing or unwilling are you to begin exercising to lose weight?

Extremely unwilling
Unwilling
Slightly unwilling
Neither unwilling or willing
Slightly willing
Willing
Extremely willing

19. How willing or unwilling are you to begin dieting to lose weight?

Extremely unwilling
Unwilling
Slightly unwilling
Neither unwilling or willing
Slightly willing
Willing
Extremely willing

20. How likely or unlikely are you to begin cutting calories to lose weight?

Extremely unwilling
Unwilling
Slightly unwilling
Neither unwilling or willing
Slightly willing
Willing
Extremely willing